**Three Rivers Community College  
End of Year Report to Academic Dean  
Committee/Task Force Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact Person** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Semester** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Number of  Meetings/ Dates** | **Goals for Year** | **Where applicable, please list the Academic Division Action Objective Related to Committee/Task Force Goal** | **Brief Description of Goal Achievements** | **If Goal Not Achieved, Stated Progress** | **Recommended Changes in Committee/Task Force Structure/Charge for Next Year** |
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